

Professional Credential Services, Inc.
Virginia Cosmetology Coordinator
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Board for Barbers & Cosmetology
TATTOOER TRAINING AND EXPERIENCE VERIFICATION FORM

Instructions: Applicants must complete questions #1 through #7. A school director, instructor, or tattoo apprentice sponsor must complete and sign the Training Verification. A supervisor or other individual familiar with the applicant's work must complete and sign the Experience Verification.

1. Applicant's Name _____
First Middle Last Generation
(SR, JR, III)
2. Social Security Number *

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3. Mailing Address _____
City, State, Zip Code _____
4. E-mail Address _____
5. Telephone & Facsimile Numbers

()	-
Telephone	

()	-
Facsimile	

()	-
Beeper/Cellular	
6. Check the **one** type of license you are requesting.
Tattooer ☐ Permanent Cosmetic Tattooer ☐ Master Permanent Cosmetic Tattooer ☐
7. Signature _____ Date _____

Training Verification

Name of School or Parlor _____
Address, City, State, Zip Code _____
Course of Study _____ Dates Attended From _____ To _____
Director/Instructor/Sponsor Name _____ # Hours Completed _____
Director/Instructor/Sponsor Signature _____ Date _____

Attach detailed curriculum with subject matter break down and time of instruction and performances.

Experience Verification

Employer _____
Address, City, State, Zip Code _____
Telephone & Facsimile Numbers

()	-
Telephone	

()	-
Facsimile	

Supervisor/Reference's Name _____
Dates of Employment From _____ To _____
Supervisor/Reference's Signature _____ Date _____

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.